				SION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-01	.5568
DEP				c HEALTH AND WELFARE 49 Primary Registration District No. 602 Registrar's No. 1893 STATE FIL	E NUMBER
ON THIS STUB	AME!	ADED	₽ī	FIRE OF SEATH 2 () 1962 [2. USUAL RESIDENCE (Where deceased lived. If institut	ion: Residence before
vs 300	الما	1 1		COUNTY 1	
Rev. 4/59	2		1-	b. CITY (If outside corporate limits, give T@WNSHIP only) Length of stay in 1b c. CITY	Inside Limits
	AMENDED		ı	TOWN KANSAS CITY 41425 TOWN/JANSAS CITY	Yes <b>X</b> No □
1	ш		] ~	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm
2 3 16 2	2 A			INSTITUTION NEW HOPE NURS. HOME YES NO - 533 PARK	Yes 🗆 No 🌋
3		$\dashv$	1-	(Type as aries)	Pay Year
4 0			1_	PETE ZUPPARDO DEATH 4-4-1	
				5. SEX 6. COLOR OR RACE 7. Married   Never Married   8. DATE OF BIRTH   9. AGE (last birthday)   1F UNDER 1   Widowed   Divorced   0-0-1479   42   Months   D	YEAR IF UNDER 24 HR ays Hours Min.
5 2			1 -	TALE WHILE A TOTAL BY	OF WHAT COUNTRY
6	<u>ا   ا</u>		1	during most of working life, even if retired)	15/2
7 2			-	PRODUCE AMPOREACE 114 NAME OF HUSBAND OR	WIFE
	죠		١.	OSEPH ZUPPARDO MARY DANGELO	
8 2_	SA			5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, pr pnknown); (If yes, give war or dates of service)	
94000	<u></u>		_`	NO 19ARY CEERIBINII 10	7 BROOKLY
10	<b>⋖</b> │			18. CAUSE OF DEATH (Enter only one cause per line f	ONSET AND DEATH
11	음티	Name		IMMEDIATE CAUSE (a)	
	EAD EAD	خ ا		Conditions, If any, ) DUE TO (b)	
1286-0	SIS			Conditions, If any, which gave rise to above cause (a), }	
13	⋷╠┤┤			stating the under- lying cause last. DUE TO (c)	
	8		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decea	sed was female was regnancy in last 90 days
	દ્ય   [		Ĭ	disease condition given in PART I (a) there a pr	□ No □ Unknown
	AMENDMEN		Ħ	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART L or PA	
Ì	乡		ä	PERFORMED? U	
z	WEI		Š	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
¥ &	<b>⋖</b>		MED	p.m.	
BLACK INK OR RITER RIBBON				20d. INJURY OCCURRED WHILE AT WORK ☐  20e. PLACE OF INJURY (e.g., in or about home, while AT WORK ☐  20f. CITY, TOWN, OR LOCATION  COUNTY	STATE
Ž~~	اوا		쏬	NOT WHILE AT WORK	5 16 2 5
_ <b>2</b> 0 <b>2</b>	READ		မြ	21. I attended the deceased from 41162, to 4/3/62 and last saw her him alive on 9/3/62	5,196L
			B-7	Death occurred atm on the date stated above, and to the best of my knowledge, from	. ,
USE BLACK OR TYPEWRITER	SHOULD	ا ار	Ι.	22a. SIGNATURE (Olgree or title) 22b. ADDRESS	22c. DATE SIGNED
. F	<u>s</u>	AFEIDAVIT	₩ ₩	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county)	1 7./7/64. (State)
	Ö		o a	BONOVAL (Specify) 4-6-1962 ST. MARY'S CEM. KANSAS CITY,	Ma.
			닐	EUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	10
j	ITEM	2	1	PASSANTINO BROS KC, MO 4-4-62 Kuth Lo	<u> </u>
'	,	• •		(Licensed Embalmer's Statement on Reverse Side)	<i>/</i>

v

D. D. Black - 924 Perfessioned Bildy 11-4

STATEMENT BY LICENSED EMBALMER

Life, Here Mary &

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Ll Passentro
Signature of Student Embanner	Licensed Embalmer No.455-4
	P. O. Address_Ke Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.